

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101629167	FILING DATE				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	61					
10						62					
11						63					
12						64					
13						65					
14						66					
15						67					
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37						89					
38						90					
39						91					
40						92					
41						93					
42						94					
43						95					
44						96					
45						97					
46						98					
47						99					
48						100					
49						TOTAL IND.					
50						TOTAL DEP.					
TOTAL CLAIMS	12					TOTAL DEP.					